

**EASTPOINTE COMMUNITY SCHOOLS
ELEMENTARY SCHOOL
REFERRAL TO OFFICE**

DATE: _____

NAME: _____

TIME/HOUR: _____

REASON FOR REFERRAL: _____

Teacher: _____

Points Given for Incident _____

Total Points _____

DISCIPLINARY ACTION:

_____ Warning/Conference

_____ Assigned Detention(s)

_____ Suspended

May Return: _____

_____ Other Action _____

Phone Contact
Name _____ Date _____